

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Blerim</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Elmazi</div>		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; transform: rotate(-90deg);">17 APR 28 PM 12:03</div> RECEIVED - CSO Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6208 Gettysburg Dr. Arlington, TX 76002</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 734 2949</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Benjamin</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Elmazi</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6208 Gettysburg Dr. Arlington, TX 76002</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(682) 808 3198</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em;">03 / 27 / 2017 THROUGH 04 / 26 / 2017</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <div style="font-size: 1.2em;">05 / 06 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Arlington City Council, District 3</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Blerim Elmazi 15 Filer ID (Ethics Commission Filers)

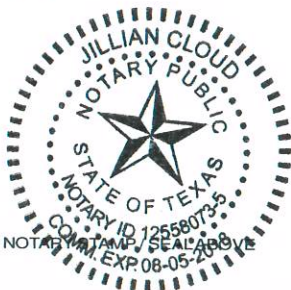
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 187.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 827.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 82.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 1476.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 40.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Blerim Elmazi
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Blerim Elmazi, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Jillian Cloud
Signature of officer administering oath

Jillian Cloud
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 827.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1476.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Blerim Elmazi

3 Filer ID (Ethics Commission Filers)

4 Date

~~3/29/17~~

3/29/17

5 Full name of contributor

Kevin Van

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

1115 Courtside Dr. Arlington, TX 76022

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/17

Full name of contributor

Paige Meador

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

2815 Guadalupe St. Austin, TX, 78705

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

Tina Dao

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

6604 Merlot Ln. Arlington, TX 76002

Amount of contribution (\$)

\$10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/17

Full name of contributor

Mark Chenot

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

1013 Harbour Shore Dr. Knoxville, TN, 37934

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Blerim Elmazi

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Heather

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

111 W. Ave. D Midlothian, TX 76065

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Abdellah Idelhaj

Amount of contribution (\$)

\$ 25.00

Contributor address;

City; State; Zip Code

6110 Flat Wood Ln. Arlington, TX, 76018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nafisa Hamid Jangda

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

512 Fossil Hill Dr. Arlington, TX 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ervin kohnic

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2005 Shepherds Glen. Arlington, TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Blerim Elmazi

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Derewitz

7 Amount of contribution (\$)

\$27.00

6 Contributor address;

City; State; Zip Code

6203 Gettysburg Dr. Arlington, TX 76002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/17

Full name of contributor

☐ out-of-state PAC (ID#:

Mukades Elmazi

Amount of contribution (\$)

\$140

Contributor address;

City; State; Zip Code

6208 Gettysburg Dr. Arlington, TX 76002

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

self-employed

Date

4/12/17

Full name of contributor

☐ out-of-state PAC (ID#:

Alim Elmazi

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

6208 Gettysburg Dr. Arlington, TX 76002

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

self-employed

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Blerim Elmazi		3 Filer ID (Ethics Commission Filers)	
4 Date 4/1/17		5 Payee name After Prints			
6 Amount (\$) \$616.86		7 Payee address; City; State; Zip Code 2741 Satsuma Dr. Dallas, TX 75229 Suite 105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4/3/17		Payee name Vistaprint			
Amount (\$) \$62.95		Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421 - 7942			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4/10/17		Payee name Home Depot			
Amount (\$) \$142.18		Payee address; City; State; Zip Code 5280 S. HWY 360 Grand Prairie, TX 75052			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Equipment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Blerim Elmazi		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/17		5 Payee name VistaPrint			
6 Amount (\$) \$144.97		7 Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421-7942			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/24/17		Payee name Target			
Amount (\$) \$19.25		Payee address; City; State; Zip Code 5270 S. Hwy 360 Grand Prairie, TX, 75052			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/17		Payee name USPS			
Amount (\$) \$490.00		Payee address; City; State; Zip Code 1301 E. Bardin Rd. Arlington, TX 76018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED